

Case Number:	CM15-0172565		
Date Assigned:	09/14/2015	Date of Injury:	09/24/1986
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old female, who sustained an industrial injury on September 24, 1986. The injured worker was diagnosed as having myospasm, pain in the thoracic spine, lumbar post laminectomy syndrome, lumbosacral spine neuritis not otherwise specified, depression, disc degeneration not otherwise specified. Treatment and diagnostic studies to date has included status post multiple fusions with instrumentation, laminectomies, and discectomies, medication regimen, magnetic resonance imaging four the lumbar spine, computed tomography of the lumbar spine, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the thoracic spine, x-rays of the lumbar spine, and magnetic resonance imaging of the thoracic spine with three dimensional myelogram. In a progress note dated August 17, 2015 the treating physician reports complaints of aching, shooting pain to the thoracic spine, aching pain to the lumbar spine and the right shoulder, aching pain and numbness to the right leg and foot, along with aching and tightness to the cervical spine. On August 17, 2015 the injured worker's current medication regimen included Norco, Medrol, Xanax, Baclofen, Zantac, Bentyl, Claritin, Fosamax, and MS Contin. On August 17, 2015 the treating physician's pain level to the thoracic spine, right leg, right foot, and cervical spine was rated a 7 out of 10, the pain level to the lumbar spine was rated an 8 out of 10, and the pain level to the right shoulder was rated a 6 out of 10, but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen.

On August 17, 2015 the treating physician requested a Medrol Dose Pack secondary to an increase in pain due to an increase in physical activity. On August 24, 2015 the Utilization Review determined the request for a Medrol Dose Pack to have an adverse determination.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Medrol dose pack: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: A claimant sustained a work injury in September 1986 and has undergone multiple lumbar spine surgeries. She underwent the sixth surgery with a three level fusion in 2000 and seventh surgery in 2001 with hardware removal. Treatments have included typical therapy, medications, acupuncture, and heat. When seen, she was having increased pain throughout due to increased physical activity. She continued to have right lower extremity tingling and numbness. She reported pain in the cervical, thoracic, and lumbar spine, both hips, right shoulder, and right leg and foot, all described as unchanged. No physical examination was recorded. Medical was prescribed. Oral or intramuscular corticosteroids can be recommended in limited circumstances acute radicular pain. Use is not recommended for acute non-radicular pain or chronic pain. In this case there was no new injury and the claimant's pain is documented as being unchanged. She was having right lower extremity numbness and tingling rather than radicular pain. Medrol was not medically necessary.